

Annex 26 – Fatality Management

Primary Agencies:	Illinois Emergency Management Agency (IEMA) Illinois Department of Public Health (IDPH)
Support Agencies:	Illinois Funeral Directors Association (IFDA) Illinois Coroners and Medical Examiners Association (ICMEA) Illinois Environmental Protection Agency (IEPA) Illinois Department of Central Management Services (IDCMS) Illinois Department of Transportation (IDOT) Illinois Department of Corrections (IDOC) American Red Cross (ARC) Illinois National Guard (ILNG) Illinois State Police (ISP)
All Agencies:	General Requirements for Other State Agencies, Boards and Commissions

I. Introduction

A. Purpose

1. Provide strategic and operational guidance to local authorities having jurisdiction (AHJs) for state response requirements of the collection, handling, storage and the disposal of mass fatalities.

B. Scope

1. This annex applies to all local and state officials, departments and agencies having a role in response and recovery to a mass fatality incident.

C. Policy

1. Implementation of this annex will not supersede any AHJs administrative protocols or policies.
2. Procedures for utilization, control and use will incorporate and/or consider operational priorities that include, but are not limited to the protection of life, public health and safety, property protection, environmental protection, restoration of essential utilities, restoration of essential program functions and coordination as appropriate.
3. The ultimate responsibility for the collection, identification, storage and release of deceased victims will lie with the county coroner or medical examiner.
4. State agency personnel will be trained and provided necessary resources as determined by the Coroner/Medical Examiner to conduct fatality management tasks, to the extent possible, and be made aware of potential risks involved.

5. At the direction of the Governor or designee, state agencies without a direct response role may be tasked with providing agency personnel in support of fatality management operations.

D. Situation Overview

1. A mass fatality incident has occurred within the state as the result of a natural, technological or man-made incident.
 - a) A mass fatality incident is any situation in which there are more fatalities than can be handled in a timely and professional fashion using regularly available local resources to address a single incident or multiple incidents.
 - b) A mass fatality is not solely defined by the number of fatalities; other factors include the condition of remains, accessibility of the scene, complexity of recovery and resources available for response.
2. Key stakeholders, partners and executive officials are contacting the SEOC, or other state agencies, regarding a mass fatality incident.

E. Assumptions

1. County Coroners/Medical Examiners will assess the scene, identify the condition and number of fatalities to evaluate the need to establish a fatality management structure.
2. County Coroner/Medical Examiners will coordinate with Local EMA to fill identified gaps.
3. Local EMA will request resources through IEMA Regional Coordinators to fill gaps with regional assets.
4. IEMA Regional Coordinators will communicate with SEOC/SUAC/SAC to fill remaining gaps with state assets.
5. The SEOC will serve as the focal point for State response operations until UAC team elements are established in the field.
6. The state will utilize the Illinois Disaster Management System for preparedness, response and recovery operations related to fatality management.
7. Agencies assigned primary and support roles and responsibilities for fatality management will develop agency-specific policies and procedures to fulfill the objectives identified in this plan.
8. The governor will exercise all authorities available under the Illinois Emergency Management Agency Act [20 ILCS 3305] related to fatality management.

9. The state public health director will exercise all authorities available under the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2305] with regard to fatality management.

II. Concept of Operations

A. General

1. Primary objectives in mass fatality management include recovering and identifying victims in a safe, timely and dignified manner while respecting their religious and cultural traditions and providing family members' assistance to cope with tragedy and tools for rebuilding.
2. The ultimate responsibility for the collection, identification, storage and release of deceased victims will lie with the coroner (or medical examiner), as per the regulations and rules of the state.
3. Illinois Coroner and Medical Examiner Association (ICMEA) will maintain a county point of contact listing that may be needed for a mass fatality event, to include a 24-hour phone number, if available. This list should be reviewed on an annual basis to assure accuracy and currency.
4. The coroner/medical examiner will determine the need for establishing temporary morgue facilities. Upon this determination, the SEOC in consultation with Disaster Mortuary Operational Response Teams (DMORT) will acquire the resources requested by Local Emergency Management to support the establishment of temporary morgue facilities. Resources requested could include, but are not limited to:
 - a) Showers
 - b) Hot and cold water
 - c) Heat or air conditioning (depending on climate)
 - d) Electricity - adequate power outlets
 - e) Floor drainage
 - f) Ventilation
 - g) Restrooms
 - h) Parking areas
 - i) Communication capabilities
 - j) Rest areas

5. Temporary morgue sites will be guarded during use, fenced in or locked for security of remains and personal property and be away from public view.
 6. It also should be capable of being partitioned for separation of functions, such as body handling, property inspection, X-ray, autopsy, records maintenance and interviewing.
 7. Potential temporary morgue sites can be in existing mortuaries, hangers, large garages, National Guard armories or other areas without wooden floors.
 8. Coordination is required to obtain refrigerated trailers, as necessary. The trailers can be moved to whatever location is directed by the coroner. If refrigerated trailers are not available, the coroner should arrange for railroad refrigeration cars, vans or other cold storage to aid in the preservation of bodies.
- B. Notification, Alert and Warning
1. SEOC notification, alert and warning of SEOC liaisons will be handled in accordance with IEOP Annex 3, Communications, Appendix A-1, Notification, Alert and Warning
 2. Primary and support agencies are responsible for internal and support partner notification.
- C. Activation
1. SEOC Activation Level SOP will be used to determine staffing levels necessary for damage assessment coordination.
 2. At a local government's request, the SEOC will provide support to fatality management operations in both coordination and management efforts through activation of state agency personnel and Mobile Support Teams (MST).
- D. Communications
1. Communications throughout response and recovery will be conducted in accordance with standard operating procedures and managed using established procedures, processes and policies outlined in Annex 3, Communications.
 2. Communications will be conducted in a National Incident Management System (NIMS) compliant manner utilizing clear-text and frequencies coordinated with the SEOC.
- E. Resource Management and Logistics
1. Resource management and logistics will be carried out in accordance with Annex 9, Resource Management and Logistics.

2. Resource management includes mutual aid agreements and assistance agreements; the use of special federal and state teams; and resource mobilization protocols.

F. Reporting Requirements

1. General

- a) SEOC information, intelligence and situation reporting will be conducted in accordance with the SEOC Situation and Rapid Needs Assessment Standard Operating Guideline (SOG).

G. Implementation Requirements

1. Notification, activation and deployment of DMORT will be conducted in accordance with the Annex 1, Direction, Coordination and Control.
2. Coordination and sustainment requirements of DMORT must be fully addressed prior to implementation of fatality management operations.

H. Organization

1. Direction and Control

- a) The DMORT reports to the SEOC Manager or SUAC/SAC leader for operational assignment and accountability.
- b) Direction, coordination and control of DMORT assets will be conducted in accordance with Annex 1, Direction, Coordination and Control.
- c) State agencies and external organizations retain operational control of fatality management resources.
- d) The SEOC is the single point of coordination for state support of fatality management operations.
- e) The State Unified Area Commander will coordinate and manage DMORT assigned to SUAC in accordance with established policy and procedure.
- f) State Emergency Operations Center (SEOC) Public Information Officer or designee will coordinate the activities of public information liaisons assigned to DMORT.

2. Coordinating Elements

- a) State Unified Area Command (SUAC)/State Area Command (SAC)

- 1) DMORT under operational control of the SUAC/SAC will deploy based on instructions from the SUAC Commander.
- 2) In support of the coroner or medical examiner, Field DMORT activities will focus on the physical removal of the deceased as part of the total response and recovery process.
- 3) The coroner or medical examiner is in charge of the recovery of both the bodies and their possessions, and could be assisted by additional agencies or organizations:
 - a) Coroner/medical examiner of neighboring jurisdictions
 - b) Fire departments
 - c) Police departments
 - d) Funeral directors
 - e) Local health departments
 - f) Forensic dentists
 - g) Public works agencies
 - h) Federal assets
 - i) Military agencies

3. Federal Coordination

- a) The SEOC will coordinate inclusion of federal assets into state mass fatality operations.
- b) SEOC LNOs, state agencies, boards and commissions will coordinate with federal counterparts in accordance with enabling authority.
- c) Upon determination of requirement, the SEOC may request US Public Health Service (USPHS) to provide a team to assist the coroner/medical examiner.
- d) Upon determination of requirement, the SEOC may request all or a portion of a DMORT to conduct victim identification, forensic and medical services, as well as mortuary services.

III. Roles and Responsibilities

- A. Illinois Emergency Management Agency (IEMA)
 - 1. Coordinate state agency response to a mass fatality incident.
 - 2. Implement mass fatality management activities, including establishment of one or more large-scale temporary morgues, auxiliary storage, victim identification, security;
 - 3. Develop control guidelines for fatality management activities to local authorities.
 - 4. Coordinate with the ICMEA and Illinois Funeral Directors Association (IFDA), if necessary, to fill requests from locals.
 - a) Local emergency managers (through IEMA Regional offices)
 - b) Field staff from supporting state agencies
 - c) News media broadcasts that focus on damaged areas
 - d) Information obtained from private sector sources (utility companies, insurance companies, etc.)
 - e) Aerial reconnaissance data
- B. Illinois Department of Public Health (IDPH)
 - 1. Provide infection control guidelines for fatality management activities and technical assistance to local authorities.
 - 2. Request DMORTs through USHHS or the National Disaster Medical System (NDMS).
 - 3. Communicate and coordinate with local health departments, hospitals and healthcare coalitions.
- C. American Red Cross (ARC)
 - 1. Coordinate the provision of mental health support to those affected.
 - 2. Coordinate the process for family reunification.
- D. Illinois Funeral Directors Association (IFDA)
 - 1. Coordinate funeral directors support functions, as required.
- E. Illinois Coroners and Medical Examiners Association (ICMEA)
 - 1. Coordinate coroners and medical examiners support functions, as required.

2. Coordinate fatality management tasks as required.
- F. Illinois Department of Transportation (IDOT)
1. Coordinate personnel and equipment for the transportation or relocation of resources, which includes supplies and equipment.
- G. Illinois National Guard (ILNG)
1. Coordinate the provision of personnel and equipment for the transportation or relocation of resources, which includes personnel, supplies and equipment.
 2. Coordinate resources for security operation requirements.
- H. Illinois Department of Corrections (IDOC)
1. Coordinate offender crews to provide labor for loading and unloading trucks.
 2. Coordinate the provision of trucks (with drivers) for transportation requirements.
- I. Illinois Department of Central Management Services (IDCMS)
1. Coordinate the provision of support for transportation of personnel, equipment and supplies.
 2. Coordinate the procurement of equipment and supplies not available through state sources from commercial vendors or suppliers.
- J. Illinois Department of Human Services (IDHS)
1. Coordinate the management of psychosocial issues related to mass fatalities, including the needs of first responders and families of deceased.
- K. Illinois Environmental Protection Agency (IEPA)
1. Coordinate the provision of technical advice regarding disinfection and decontamination.
 2. Coordinate the provision technical assistance regarding graves and disposal options.
- L. Illinois State Police (ISP)
1. Coordinate the provision of traffic control, public safety services and expedited routes.

2. Coordinate the activation of the Illinois Law Enforcement Alarm System (ILEAS) to support law enforcement missions of local law enforcement agencies.

IV. Authorities and References

A. Authorities

1. Illinois Emergency Management Agency Act (20 ILCS 3305), as amended
2. Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2305]
3. Robert T. Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended (42 U.S.C. 5121 et seq.).
4. Illinois Public Health Act [20 ILCS 2305/2]
5. Control of Communicable Diseases Code (77 Ill. Adm. Code 690.100)

B. References

1. National Response Framework [NRF] (March 2008)
2. Illinois Emergency Operations Plan (August 2004)
3. Illinois Emergency Management Agency and Illinois Coroner's Association